

## Stand Modification Treatments

COMPANY PROFILE	
Company name	Company address
Contact name	Phone number
Mailing address	Email address
WCB number	GST number
BC Forest Safety Council SAFE Company Certification Initia	tive registration or certification number

## **ELIGIBILITY CRITERIA FOR PRE-QUALIFICATION**

- 1. Must be "locally owned", defined as residing in the Bulkley Valley between the top of Hungry Hill to the east and Seaton Forest Products Ltd. to the West.
- 2. Must be a SAFE Certified Company under the BC Forest Safety Council Program.
- 3. Must have a valid GST number.
- 4. Must have a valid WorkSafeBC number.
- 5. Must have a suitable Safety Management System in place and be prepared to sign a Prime Contractor Agreement with WCFC.
- 6. Must own or lease the equipment needed to complete the harvest residue disposal.
- 7. Must have references available proving a safe track record in heavy equipment operation.

Does your firm meet the eligibility criteria provided above?	YES	NO
If you answered <b>no</b> , please describe how your firm will address any deficiencies for qualification:		

Is your firm is interested in pursuing the acquisition of suitable stand modification	YES	NO
equipment and will be capable of providing services prior to July 1, 2023?		
If you answered <b>yes</b> , please list and detail below:		



## Stand Modification Treatments

MECHANICAL TREATMENTS			
Equipment Type	Make	Model	Year
Equipment			
MANUAL TREATME	ENTS		

Do you have crews and equipment available for thinning or spacing? If you answered <b>yes</b> , please list and detail below:	YES	NO
Do you have crews and equipment available for danger tree assessments and handfalling?	YES	NO
If you answered <b>yes</b> , please list handfallers name and BC faller certification #l below:		
Do you have crews and equipment available for pruning? If you answered <b>yes</b> , please list and detail below:	YES	NO
Do you have crews and equipment available for piling and burning? If you answered <b>yes</b> , please list and detail below:	YES	NO

Production Capacity/Availability:

Crew Size

Man Days



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Equipment Type	Make	Model	Year
Air Curtain Burner			
Mulcher			
Chipper			
Grinder			
Other			
Other			
Production Capacity/A	<u>vailability</u> :		
Volume	Man Days		
WORK REFERENCES			
Reference	<b>References Occupation</b>	Phone number	Email Address